



ST. LUCIE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2021-2026

2021 Annual Review



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Introduction

This document is the 2021 annual update for the 2021-2026 St. Lucie County Community Health Improvement Plan. The activities and collaborative efforts of the Florida Department of Health in St. Lucie County and community partners are reflected in this annual update. This document will serve as a progress review of the strategies that were developed and the activities that have been implemented. The CHIP is a community-driven and collectively owned health improvement plan with administrative support provided by the Florida Department of Health in St. Lucie County, including tracking and collecting data and preparing the annual review report.

In December of 2021, the Healthy St. Lucie Coalition led by the Department of Health in St. Lucie County met at its end of year monthly meeting to review the CHIP. Progress and revisions are noted in the plan detailed in [Appendix A](#).

Overview

In St. Lucie County, a solid foundation for collaborative community health assessment and community health improvement planning processes was established in 2015, with the formation of a community coalition of professionals and residents with an interest in improving the County's health. The Healthy St. Lucie Coalition (HSL), is a non-profit organization with the mission of promoting health where we live, learn, work, and play. Consisting of more than 44 organizations and community representatives who actively participate to improve the well-being of St. Lucie residents, HSL brings together diverse organizations and individuals to identify solutions to barriers to being healthy.

HSL guides the community health assessment process to evaluate progress on the current CHIP and to recommend changes in priorities and strategic actions to improve resident health. With support from the Florida Department of Health in St. Lucie County (FDOH-SLC), HSL initiated a new community health improvement process in 2019. Utilizing the National Association of City and County Health Officials' (NACCHO) Mobilizing for Action Through Planning and Partnerships (MAPP) framework, partners engaged in a comprehensive community health assessment (CHA). Members of the Healthy St. Lucie Coalition served as the Health Improvement Planning (HIP) Steering Committee throughout the Community Health Assessment (CHA) process.



The anticipated completion date for the CHA was in the spring of 2020. In March of that year, the SARS-CoV-2 virus that causes COVID-19 disease became a worldwide pandemic, and priorities shifted.

Personnel and resources were redirected to emergency response. When it became clear that the pandemic would have a long-term impact on the ability to hold community meetings, the decision was made to complete the assessment virtually. The initial draft was completed in June of 2020 and a final report was completed in December of 2020.

This report was used by local public health system partners to develop the 2021-2025 St. Lucie County Health Improvement Plan (CHIP). A CHIP is a strategic plan to address public health priorities in a community and defines how the system partners will work together to improve the health of St. Lucie County. Critical system partners invited to participate in the development of St. Lucie County's CHIP included local hospitals and healthcare organizations, local government, community-based organizations, faith-based organizations, social service organizations, and educational institutions.

The findings from the CHA were reviewed, analyzed, and synthesized to inform the development of St. Lucie County's CHIP. Strategic health priorities were selected based on their impact on health outcomes and reduction in disparities. Through this process, the following strategic priority areas were selected for the St. Lucie County CHIP:

- Chronic Diseases and Conditions
- Access to Care
- Mental Health and Substance Abuse
- Health Equity

Following the selection of strategic health priorities, steering committee partners developed goals, objectives, strategies, and key activities that are crucial for improving health in St. Lucie County. The CHIP was finalized in January of 2021 and HSL moved into the action cycle phase of the MAPP (Plan - Implement - Evaluate).

The current CHIP guides the activities of the Department of Health, the Healthy St. Lucie Coalition, and its sub-committees. Existing sub-committees are indicated below. It is important to note that groups with an * have had limited activity in the past year due to COVID -19 meeting restrictions and shifting job priorities for members. The Health Equity Task force is a newly formed group in 2021.

- Breastfeeding Workgroup
- Food Council*
- Worksite Wellbeing Council*
- Age Friendly Workgroup*
- Tobacco Free Partnership of St. Lucie
- Health Equity Task Force

St. Lucie County's CHIP is reviewed and revised regularly with input by both community partners and residents. Monitoring the implementation of the CHIP occurs monthly at Healthy St. Lucie Coalition meetings. In addition to the regularly scheduled review meetings, stakeholders also meet annually for an overview of changes made and progress achieved during the year.

Annual Review Summary

The Healthy St. Lucie Coalition met on December 9, 2021, to review the community health improvement plan. The strategic priorities were recapped, and each goal was reviewed. Revisions that had been made to the CHIP and presented to the group during the year were few and were also highlighted during the meeting.

It is important to note that the COVID -19 pandemic was a limiting factor in 2021 for the implementation of activities in the CHIP.

Progress & Objective Revisions and Accomplishments

Priority Area: Chronic Diseases and Conditions




Revision

- HW 1.2: By January 1, 2026, decrease the percentage of adults who are inactive or insufficiently active from ~~50.7%~~ **53.0%** (2016) to ~~45.7%~~ **50.35%** (5%).¹

This priority area incorporates strategies to address Healthy Weight, Prevention and Early Detection, Tobacco Prevention and Cessation, and Health Literacy. It is important to note that the COVID -19 pandemic was a limiting factor for the implementation of activities in this priority area due to physical distancing, face to face meeting restrictions and the prioritization of staff responsibilities to response. Trends and areas of accomplishment have been highlighted below.





¹ The data included in the original CHIP were taken from 2013 and not 2016 as indicated. This change reflects the actual figures from 2016.

2021 Performance

STRATEGIC PRIORITY: CHRONIC DISEASES AND CONDITIONS				
HW 1: INCREASE THE PROPORTION OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT.				
Objective	Baseline	Performance	Trend ²	Status
HW 1.1: By January 1, 2026, increase the percentage of adults who have a healthy weight (BMI 18.5 – 24.9) from 31.2% (2016) to at or above the state level of 34.5%.	31.2% (25.1% - 37.3%) 2016	28.3% (24.1% - 32.6%) 2019		Not on Track
HW 1.2: By January 1, 2026, decrease the percentage of adults who are inactive or insufficiently active from 53.0% (2016) to 50.35% (5%).	53% (46.2% - 59.7%) 2016	2016 is current data		No update
HW 1.3: By January 1, 2026, increase the percentage of adults who consumed five or more servings of fruits or vegetables per day from 16.9% (2013) to at or above the state level of 18.3%.	16.9% (12.7% - 21.1%) 2013	2013 is current data		No update
HW 1.4: By January 1, 2026, reduce the proportion of children aged 6 to 11 years who are obese by 3%, from 24% in 2019 to 21%.	24% 2019	2019 is current data ³		No update
HW 1.5a: By January 1, 2026, increase breastfeeding initiation rates from 87.4% in 2019 to 90.0%.	87.4% 2019	85.9% 2020		Not on Track
HW 1.5b: By January 1, 2026, increase breastfeeding initiation rates among black mothers from 83.5% in 2019 to 89.0%.	83.5% 2019	78.6% 2020		Not on Track

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*Trend Descriptions:

-  = Data trend is upward and in the desired direction for progress
-  = Data trend is downward and in the desired direction for progress
-  = Data trend is upward and in the undesired direction for progress
-  = Data trend is downward and in the undesired direction for progress

**Status Descriptions:

- **On Track** = Objective progress is exceeding expectations or is performing as expected at this point in time
- **Not on Track** = Objective progress is below expectations at this point in time
- **Decision Required** = Objective is at risk of not completing/meeting goal. Management decision is required on mitigation/next steps.
- **Completed** = Objective has been completed or has been met and the target date has passed
- **Not Completed** = Objective has not been completed or has not been met and the target date has passed

³ Assessments were not completed in 2020 or 2021 due to COVID.



Objective	Baseline	Performance	Trend ²	Status
HW 1.5c: By January 1, 2026, increase overall SLC WIC breastfeeding duration rates at 26 weeks (6 months) in St. Lucie County from 33.23% in 2020 to 38.23%.	33.23% 2020	38.6% 2021		Completed
HW 1.5d: By January 1, 2026, increase the SLC WIC breastfeeding duration rates at 26 weeks (6 months) among black mothers from 36.18% in 2020 to 41.18%.	36.18% 2020	36.3% 2021		On Track

Accomplishment

Goal	Strategy	Accomplishment
HW 1: increase the proportion of adults and children who are at a healthy weight.	<p>HW 1.1: Implement evidence-based programs on nutrition and physical activity</p> <p>HW 1.2: Increase physical activity among adults in St. Lucie County.</p> <p>HW 1.3: Increase access to healthy food.</p>	<p>The accomplishments made in this priority area are foundational to increasing access to healthy foods and healthy eating, physical activity, and disease prevention.</p> <ul style="list-style-type: none"> • In person SNAP Education classes were able to be held in person leading to education of 257 unique individuals. • A SNAP Education Eating Smart Being Active Spanish series was implemented at a local church. • The WIC program has increased the allotment for Fruit/Vegetables for clients, with the highest amounts to prenatal, post-partum, and breastfeeding mothers. • In 2021, the Department applied to become a CDC recognized Diabetes Prevention Program, participated in community events to educate about and screen for pre-diabetes, trained 4 lifestyle coaches, and piloted its first class in a low-income neighborhood. A virtual Diabetes Prevention program (HALT) will be launched in 2022. • St. Lucie County Diabetes Coalition hosted a Virtual Diabetes Forum for providers - Managing Diabetes During the Pandemic and Beyond. • Initial contact has been made with local physicians to identify strategies and processes to incorporate referrals to Diabetes Prevention Programs into their practices. • Despite a decrease in breastfeeding rates that were related to the impact of COVID -19 (i.e., support groups did not meet, and home visitation services were stopped), the county rate is still higher than the state rate. • Four early childcare centers were designated as Breastfeeding Friendly.

		<ul style="list-style-type: none"> Breastfeeding curriculum will be added to an existing physician residency training program in 2022.
Why This Accomplishment is Important for Our Community		
<p>Obesity is a serious and costly chronic disease. Those who are at a healthy weight are at a reduced risk for many serious diseases and health conditions, including heart disease, hypertension, stroke, cancer, diabetes, and mental illness. A comprehensive approach to address factors that lead to obesity is vital to moving the needle on this issue in St. Lucie County.</p> <p>Diabetes is the 6th leading cause of death in St. Lucie County and has an incidence rate of 12% (2019). The 2017 estimated economic cost of diabetes includes \$304 million for medical direct costs⁴ and \$86 million for indirect costs. St. Lucie's diabetes trending death rate is significantly higher than the state of Florida. Diabetes disproportionately impacts black and Hispanic residents in the county. Blacks had the highest rate for years of potential life lost⁵ (400 per 100,000). The ratio of deaths for black residents to white residents is 3:1, which means that black residents are 3 x more likely to die from diabetes than their white counterparts.</p>		

Activities for PD 1.1-3 have not been started. PD 1.4 is complete.

PD 1: INCREASE PREVENTION AND EARLY DETECTION				
Objective	Baseline	Performance	Trend	Status
PD 1.1: By January 1, 2026, decrease the age-adjusted death rates of prostate cancer among black males by 5% from 35.2 to 33.5.	35.2 2016-2018	30.0 2018-2020		On Track
PD 1.2: By January 1, 2026, increase percentage of women 40 years of age and older who received a mammogram in the last year from 58.7% to at or above the state level of 60.8%.	58.7% (48.8% - 68.5%) 2016	2016 is current data		No update
PD 1.3: By January 1, 2026, decrease the age-adjusted hospital rates of stroke among black adults by 5% from 402.4 to 383.2.	402.4 2016-2018	432.4 2018-2020		Not on Track

⁴ Direct medical cost includes emergency department, ambulatory, and hospitalization costs and indirect costs cover loss of productivity, increased absenteeism, reduced productivity while at work, reduced productivity for those not in the labor force, inability to work because of disease-related disability, and lost productivity due to premature deaths attributed to diabetes.

⁵ Years of potential life lost is a key measure for premature mortality, which is simply the sum of the years of life lost annually by persons who suffered early deaths before reaching the age of 75.


Objective	Baseline	Performance	Trend	Status
PD 1.4: By January 1, 2022, increase the number of community partners receiving information about the increased risk of severe illness from COVID 19 for those with underlying medical conditions from 300 (Jan 2021) to 600.	300 Jan., 2021	715 Jan., 2022		Completed

Accomplishment

Goal	Strategy	Accomplishment
PD 1: increase prevention and early detection.	PD 1.4: Educate the community and health care providers about the increased risk of severe illness from COVID 19 for those with underlying medical conditions.	<p>Outreach and marketing efforts were successful in educating community members and providers about the risk of COVID-19 especially for those at greater risk for severe illness.</p> <p>The St. Lucie Board of County Commissioners led a comprehensive marketing campaign with messages tailored to targeted audiences across multiple platforms. Key audiences included community providers (e.g., healthcare professionals, non-profits, faith-based organizations, private enterprise, government agencies) to target essential workers, older adults, African Americans, Haitian Americans, adults with limited literacy skills, low-income residents, and others.</p> <ul style="list-style-type: none"> • To help inform those with limited computer literacy or access to technology for internet access on available resources and supports. • To provide accurate information presented by trusted community leaders who represent the different populations in the County. • To rebut myths associated with vaccine hesitancy. • To ensure accurate information about treatment and mitigation strategies, including vaccination.
Why This Accomplishment is Important for Our Community		
<p>Race and ethnicity are risk markers⁶ for underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers. Tailoring information to specific audiences is critical to addressing inequities in outcomes associated with COVID -19 and improving vaccination rates.</p>		

⁶ [Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity | CDC](#)

The cessation referral strategy began with internal efforts to increase referrals in the Florida Department of Health medical clinic. Improvements were made in the state reporting system, new procedures were implemented in the HMS follow up process to ensure that follow-up assessments were completed, and staff were trained in motivational interviewing. In addition, staff are provided the monthly virtual class schedule for cessation services for distribution to patient. These efforts resulted in a referral rate increase rate from 6% in 2019 to 72.4% in 2021. The goal now is to expand this effort to other local medical providers and provide training and technical assistance.

TP 1: REDUCE ILLNESS, DISABILITY, AND PREMATURE DEATH RELATED TO TOBACCO USE, INCLUDING ELECTRONIC VAPING PRODUCTS (EVP) ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS).				
Objective	Baseline	Performance	Trend	Status
TP 1.1: By January 1, 2026, increase referrals of tobacco cessation services from 6% in 2019 to 40%.	6% 2019	72.4% 2021		On Track
TP 1.2: By January 1, 2026, decrease the percentage of youth ages 11-17 who used any form of tobacco on one or more of the past 30 days from 13.0% in 2020 to 10.0%.	13% (8.4% - 17.6%) 2020	2020 is current data		No update
TP 1.3: By January 1, 2026, increase the number of smoke free multi-unit housing properties from 12 in 2020 to 15.	12 2020	12 2021		On Track
TP 1.4: By January 1, 2026, increase the number of worksites and organizations with tobacco free grounds policies from 8 to 12.	8 2020	8 2021		On Track

Progress was made in Health Literacy through the leadership of Indian River State College Library who researched best practices, identified potential partners to form a workgroup, and began training with the National Library of Medicine for [Consumer Health Information Specialization](#) to connect to a national network of librarians providing health information services to public and college communities. A list of available tools and resources was also compiled by identified partners.


HL 1: INCREASE THE DISSEMINATION OF HEALTH INFORMATION THAT IS ACCURATE, ACCESSIBLE, AND ACTIONABLE				
Objective	Baseline	Performance	Trend	Status
By December 31, 2025, create a website providing the community with links to culturally and linguistically appropriate health information, training and tools.	0 2020	0 2021		On Track


Priority Area: Access to Care

Revision


- AC 3.1 Increase the number of calls and services provided from 6,657 in 2019⁷ by 20% by January 1, 2026.

This priority area incorporates strategies to increase health insurance coverage, the number of family practice physicians, and community-based care services. It is important to note that the COVID -19 pandemic was a limiting factor for the implementation of activities in this area due to physical distancing, face to face meeting restrictions and the prioritization of staff responsibilities to response. However, the Area Agency on Aging received additional funding for services and staff that allowed for significant increase in calls and services provided.

STRATEGIC PRIORITY: ACCESS TO CARE				
AC 1: INCREASE HEALTH INSURANCE COVERAGE IN ST. LUCIE COUNTY.				
Objective	Baseline	Performance	Trend	Status
AC 1.1: By January 1, 2026, increase the civilian non-institutionalized population that has health insurance in St. Lucie County by December 2025, from 86% to 91%.	86.0% 2018	86.3% 2020		On Track

AC 2: INCREASE THE NUMBER OF MEDICAL PROVIDERS IN ST. LUCIE COUNTY.				
Objective	Baseline	Performance	Trend	Status
AC 2.1: Increase the rate of family practice physicians from 9.7 per 100,000 to 10.7 per 100,000 by January 1, 2026.	9.7 FY 19-20	10.4 FY 20-21		On Track


⁷ Baseline figures were added to the plan. Total includes incoming and outgoing calls plus the number of unduplicated clients served in St. Lucie County.

AC 3: INCREASE HOME AND COMMUNITY-BASED CARE SERVICES				
Objective	Baseline	Performance	Trend	Status
AC 3.1 Increase the number of calls and services provided from 6,657 in 2019 by 20% by January 1, 2026.	6,657 2019	19,605 2021		Completed ⁸

Priority Area: Mental Health and Substance Abuse

No Revisions

The demand for mental health and substance abuse services increased significantly during the pandemic and that is demonstrated in the trends below. It is anticipated that partners will be able to be more engaged with Healthy St. Lucie in 2022 to provide updates associated with these goals.

STRATEGIC PRIORITY: MENTAL HEALTH AND SUBSTANCE ABUSE				
MH 1: REDUCE HOSPITALIZATIONS FOR MENTAL HEALTH DISORDERS				
Objective	Baseline	Performance	Trend	Status
MH 1.1 By January 1, 2026, decrease by 5% the age-adjusted hospitalization rate for mental health disorders per 100,000 for mental health disorders from 1089.70 to 1037.80.	1089.70 2019	1168.70 2020		Not on Track

MHSA 2: REDUCE THE NUMBER OF OPIOID OVERDOSE DEATHS.				
Objective	Baseline	Performance	Trend	Status
MHSA 2.1: By January 1, 2026, reduce the rate of age-adjusted unintentional injury deaths by drug poisoning from 25.5 per 100,000 to 20 per 100,000.	25.5 2017-2019	25.5 2018-2020		Not on Track

⁸ Much of this increase is likely related to COVID -19 and the need for more resources, as well as the additional funding received. The consensus was that although the goal was reached, the objective will continue to be tracked as the virus causing COVID -19 becomes endemic, and the trend can be clarified.

Priority Area: Health Equity

No Revisions

The department received general revenue and grant funding for a Health Equity Liaison and the creation of a Health Equity Plan to lead strategy and activity implementation and expansion efforts. An existing local community health champion was hired for the position in November 2021 and an internal Florida Department of Health in St. Lucie Health Equity Action Team, a community based steering committee were formed. These groups will advise the Healthy St. Lucie members who will serve as the Health Equity Coalition. New strategies that develop from this work group will be added to the plan in 2022 to reflect these efforts.

STRATEGIC PRIORITY: HEALTH EQUITY				
HE 1: INCREASE COMMUNITY CAPACITY TO EFFECTIVELY REDUCE HEALTH DISPARITIES				
Objective	Baseline	Performance	Trend	Status
HE 1.1: By January 1, 2026, host 30 trainings with community organizations and leaders on best practices in participatory engagement.	0 2020			On Track
HE 1.2: By January 1, 2026, recruit, train, and maintain a minimum of 20 health champions that can engage neighbors on various health topics and disparities in their community.	0 2020			On Track
HE 1.3: By January 1, 2026, engage 10 grassroots organizations to advance work to improve health and reduce health disparities.	0 2020			On Track
HE 1.4: By January 1, 2026, recruit and maintain 10 social media champions that can reach targeted audiences where health disparities exist.	0 2020			On Track

Conclusion

The St. Lucie County CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. The Healthy St. Lucie Coalition evaluated progress each month through discussion by community partners and through the CHIP annual review process. The Coalition will continue to receive updates on status through workgroup reports, monthly meetings and the annual review. The CHIP will continue to evolve over time as new information and insights emerge at the local, state and national levels, and we are confident in St. Lucie County integrated community efforts and our ability to identify and tackle priorities. Through collaboration and collective impact efforts, the community public health system will be able to improve residents' health in all the places where we live, learn, work, and play.

Health Priority Areas, Goals, and Objectives

HEALTH PRIORITY AREA	GOALS	OBJECTIVES
CHRONIC DISEASES AND CONDITIONS	HW 1: increase the proportion of adults and children who are at a healthy weight.	HW 1.1: By January 1, 2026, increase the percentage of adults who have a healthy weight (BMI 18.5 – 24.9) from 31.2% (2016) to at or above the state level of 34.5%.
		HW 1.2: By January 1, 2026, decrease the percentage of adults who are inactive or insufficiently from 50.7% 53.0% (2016) to 45.7% 50.35% (5%).
		HW 1.3: By January 1, 2026, increase the percentage of adults who consumed five or more servings of fruits or vegetables per day from 16.9% (2013) to at or above the state level of 18.3%
		HW 1.4: By January 1, 2026, reduce the proportion of children aged 6 to 11 years who are obese by 3%, from 24% in 2019 to 21%.
		HW 1.5a: By January 1, 2026, increase breastfeeding initiate rates from 87.4% in 2019 to 90.0%.
		HW 1.5b: By January 1, 2026, increase breastfeeding initiation rates among black mothers from 83.5% in 2019 to 89.0%*.
		HW 1.5c: By January 1, 2026, increase overall SLC WIC breastfeeding duration rates at 26 weeks (6 months) in St. Lucie County from 33.23% in 2020 to 38.23%.
		HW 1.5d: By January 1, 2026, increase the SLC WIC breastfeeding duration rates at 26 weeks (6 months) among black mothers from 36.18% in 2020 to 41.18%.
	PD 1: Increase prevention and early detection.	PD 1.1: By January 1, 2026, decrease the age-adjusted death rates of prostate cancer among black males by 5% from 35.2 to 33.5.
		PD 1.2: By January 1, 2026, increase percentage of women 40 years of age and older who received a mammogram in the last year from 58.7% to at or above the state level of 60.8%.
		PD 1.3: By January 1, 2026, decrease the age-adjusted hospital rates of stroke among black adults by 5% from 402.4 to 383.2.
		PD 1.4: By January 1, 2022, increase the number of community partners receiving information about the increased risk of severe illness from COVID 19 for those with underlying medical conditions from 300 (Jan 2021) to 600.
	TP 1: Reduce illness, disability, and premature death related to tobacco use, including electronic nicotine delivery systems (ENDS).	TP 1.1: By January 1, 2026, increase referrals of tobacco cessation services from 6% in 2019 to 40%.
		TP 1.2: By January 1, 2026, decrease the percentage of youth ages 11-17 who used any form of tobacco on one or more of the past 30 days from 13.0% in 2020 to 10.0%.
		TP 1.3: By January 1, 2026, increase the number of smoke free multi-unit housing properties from 12 in 2020 to 15.
		TP 1.4: By January 1, 2026, increase the number of worksites and organizations with tobacco free grounds policies from 8 to 12.
	HL 1: Increase the dissemination of health information that is accurate, accessible, and actionable.	HL 1.1: By December 31, 2025, create a website providing the community with links to culturally and linguistically appropriate health information, training and tools. Baseline: 0
ACCESS TO CARE	AC 1: Increase health insurance coverage in St. Lucie County.	AC 1.1: By January 1, 2026, increase the civilian non-institutionalized population that has health insurance in St. Lucie County by December 2025, from 86% to 91%.
	AC 2: Increase the number of medical providers in St. Lucie.	AC 2.1: Increase the rate of family practice physicians from 9.7 per 100,000 to 10.7 per 100,000 by January 1, 2026.
	AC 3: Increase home and community-based care Services	AC 3.1 Increase the number of calls and services provided from 6,657 in 2019 by 20% by January 1, 2026.
MENTAL HEALTH AND SUBSTANCE ABUSE	MHSA 1: Reduce Hospitalizations for mental health disorders	MHSA 1.1: By January 1, 2026, decrease by 5% the age-adjusted hospitalization rate for mental health disorders per 100,000 for mental health disorders from 1089.70 to 1037.80.
	MHSA 2: Reduce the number of opioid overdose deaths.	MHSA 2.1: By January 1, 2026, reduce the rate of age-adjusted unintentional injury deaths by drug poisoning from 25.5 per 100,000 to 20 per 100,000.
HEALTH EQUITY	HE 1: Increase community capacity to effectively reduce health disparities.	HE 1.1: By January 1, 2026, host 30 trainings with community organizations and leaders on best practices in participatory engagement.
		HE 1.2: By January 1, 2026, recruit, train, and maintain a minimum of 20 health champions that can engage neighbors on various health topics and disparities in their community.
		HE 1.3: By January 1, 2026, engage 10 grassroot organizations to advance work to improve health and reduce health disparities.
		HE 1.4: By January 1, 2026, recruit and maintain 10 social media champions that can reach targeted audiences where health disparities exist.

Appendix A: The Plan

Strategic Priority: Chronic Diseases and Conditions

GOAL	HW 1: INCREASE THE PROPORTION OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT.	
Strategy	HW 1.1: Implement evidence-based programs on nutrition and physical activity	
Objective	HW 1.1: By January 1, 2026, increase the percentage of adults who have a healthy weight (BMI 18.5 – 24.9) from 31.2% (2016) to at or above the state level of 34.5%.	
Data Source	Behavioral Risk Factor Surveillance System	
Evidence Base: SNAP-Ed CDC National Diabetes Prevention Program U.S. Preventative Services Taskforce Recommendations		
Policy Change: No		
Health equity or disparity to be addressed: Disparities in chronic disease morbidity, mortality, and obesity rates.		
Strategy	HW 1.2: Increase physical activity among adults in St. Lucie County	
Objective	HW 1.2: By January 1, 2026, decrease the percentage of adults who are inactive or insufficiently active from 50.7% 53.0% (2016) to 45.7% 50.35% (5%). ⁹	
Data Source	BRFSS	
Evidence Base: The Community Guide		
Policy Change: Healthcare systems policies for physical activity through EMR, workplace wellness and faith-based policies supporting increased physical activity.		
Health equity or disparity to be addressed: Equitable access to safe and affordable opportunities for participation in physical activity.		

⁹ The data included in the original CHIP were taken from 2013 and not 2016 as indicated. This change reflects the actual figures from 2016.

Strategy	HW 1.3: Increase access to healthy food.
Objective	HW 1.3: By January 1, 2026, increase the percentage of adults who consumed five or more servings of fruits or vegetables per day from 16.9% (2013) to at or above the state level of 18.3%.
Data Source	BRFSS
Evidence Base: The Community Guide Policy Change: Worksite policies and system changes to increase fruit/vegetable consumption. Health equity or disparity to be addressed: Equitable access to healthy foods.	
Strategy	HW 1.4: Reduce the proportion of children aged 6-11 years who are obese.
Objective	HW 1.4: By January 1, 2026, reduce the proportion of children aged 6 to 11 years who are obese by 3%, from 24% in 2019 to 21%. Data Source: School Health Nurse BMI Assessments.
Data Source	School Health Nurse BMI Assessments
Evidence Base: County Health Rankings Policy Change: Strengthening of school district wellness policy and adoption of HEPA standards among early learning and afterschool programs. Health equity or disparity to be addressed: Equitable access to healthy foods and participation in physical activity.	
Strategy	HW 1.5: Increase breastfeeding initiation and duration rates.
Objectives	HW 1.5a: By January 1, 2026, increase breastfeeding initiation rates from 87.4% in 2019 to 90.0%. HW 1.5b: By January 1, 2026, increase breastfeeding initiation rates among black mothers from 83.5% in 2019 to 89.0%. HW 1.5c: By January 1, 2026, increase overall SLC WIC breastfeeding duration rates at 26 weeks (6 months) in St. Lucie County from 33.23% in 2020 to 38.23%. HW 1.5d: By January 1, 2026, increase the SLC WIC breastfeeding duration rates at 26 weeks (6 months) among black mothers from 36.18% in 2020 to 41.18%.
Data Source	BRFSS, FDOH-SLC WIC Data SharePoint
Evidence Base: Ten Steps to Successful Breastfeeding Program , County Health Rankings Breastfeeding and Black Mothers Breastfeeding Policy Change: Adoption of Breastfeeding Friendly Childcare standards. Health equity or disparity to be addressed: Disparities in breastfeeding initiation and duration rates among SLC White and Black mothers.	

GOAL	PD 1: INCREASE PREVENTION AND EARLY DETECTION
Strategy	PD 1.1: Increase Prostate-Specific Antigen (PSA) screening among black males in St. Lucie County.
Objective	PD 1.1: By January 1, 2026, decrease the age-adjusted death rates of prostate cancer among black males by 5% from 35.2 ¹⁰ to 33.5.
Data Source	Florida Charts
Evidence Base: The Community Guide County Health Rankings Policy Change: No Health equity or disparity to be addressed: Disparities in age-adjusted death rates among SLC White and Black males.	
Strategy	PD 1.2: Increase mammography screening for women in St. Lucie County.
Objective	PD 1.2: By January 1, 2026, increase percentage of women 40 years of age and older who received a mammogram in the last year from 58.7% to at or above the state level of 60.8%.
Data Source	Florida Charts
Evidence Base: County Health Rankings Policy Change: No Health equity or disparity to be addressed: None	
Strategy	PD 1.3: Promote screening interventions and participation in chronic disease self-management programs for stroke prevention.
Objective	PD 1.3: By January 1, 2026, decrease the age-adjusted hospital rates of stroke among black adults by 5% from 402.4 ¹¹ to 383.2.
Data Source	FLHealthCharts.com
Evidence Base: Cochrane Library American Heart Association Policy Change: No Health equity or disparity to be addressed: Disparities in age-adjusted hospital rates for stroke among White and Black males in SLC.	

¹⁰ 3-year rolling rate (2016-2018)

¹¹ 3-year rolling rate (2016-2018)

Strategy	PD 1.4: Educate the community and health care providers about the increased risk of severe illness from COVID 19 for those with underlying medical conditions.
Objective	PD 1.4: By January 1, 2022, increase the number of community partners receiving information about the increased risk of severe illness from COVID 19 for those with underlying medical conditions from 300 (Jan 2021) to 600.
Data Source	FDOH-SLC Communications Team
Evidence Base: Centers for Disease Control and Prevention Policy Change: No Health equity or disparity to be addressed: Disparities in chronic disease morbidity among Whites and Blacks in SLC.	

GOAL	TP 1: REDUCE ILLNESS, DISABILITY, AND PREMATURE DEATH RELATED TO TOBACCO USE, INCLUDING ELECTRONIC VAPING PRODUCTS (EVP)¹² ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS).
Strategy	TP 1.1: Increase health care provider use of medical record system reminders to screen patients for tobacco use and make referrals for tobacco cessations at every visit.
Objective	TP 1.1: By January 1, 2026, increase referrals of tobacco cessation services from 6% in 2019 to 40%.
Data Source	FDOH-SLC and Bureau Tobacco Free Florida
Evidence Base: Centers for Disease Control and Prevention Policy Change: Healthcare systems changes for electronic referrals for tobacco cessation. Health equity or disparity to be addressed: None	

¹² The title for vaping products was changed from ENDS to EVP to be in line with industry modifications

Strategy	TP 1.2: Prevent Initiation of Tobacco and Electronic Nicotine Device Use Among Florida's Youth and Young Adults
Objective	TP 1.2: By January 1, 2026, decrease the percentage of youth ages 11-17 who used any form of tobacco on one or more of the past 30 days from 13.0% in 2020 to 10.0%.
Data Source	Florida Youth Tobacco Survey (FYTS)
Evidence Base: Centers for Disease Control and Prevention Policy Change: Tobacco retail license and increase in excise tax. Health equity or disparity to be addressed: Disparity in age of initiation rates between youth and adults in St. Lucie County.	
Strategy	TP 1.3 Decrease St. Lucie County residents' exposure to secondhand smoke
Objective	TP 1.3: By January 1, 2026, increase the number of smoke free multi-unit housing properties from 12 in 2020 to 15.
Data Source	FDOH-SLC Tobacco Prevention Program Tracking Log
Evidence Base: American Lung Association Policy Change: Tobacco free grounds policies and smoke free multi-unit housing. Health equity or disparity to be addressed: None	
Strategy	TP 1.4 Increase the number of St. Lucie County worksites that adopt tobacco free grounds policies.
Objective	TP 1.4: By January 1, 2026, increase the number of worksites and organizations with tobacco free grounds policies from 8 to 12.
Data Source	FDOH-SLC Tobacco Prevention Program Tracking Log
Evidence Base: The Community Guide Policy Change: Tobacco free grounds policies Health equity or disparity to be addressed: None	

GOAL	HL 1: INCREASE THE DISSEMINATION OF HEALTH INFORMATION THAT IS ACCURATE, ACCESSIBLE, AND ACTIONABLE
Strategy	HL 1.1: Ensure that culturally and linguistically appropriate health information is available for the community.
Objective	By December 31, 2025, create a website providing the community with links to culturally and linguistically appropriate health information, training and tools. Baseline: 0
Data Source	Indian River State College
Evidence Base: HRSA.gov County Health Rankings Policy Change: Informal organizational changes regarding the selection of culturally and linguistically appropriate health information. Health equity or disparity to be addressed: None	

Strategic Priority: Access to Care

GOAL	AC 1: INCREASE HEALTH INSURANCE COVERAGE IN ST. LUCIE COUNTY.
Strategy	AC 1.1: Inform and educate people in St. Lucie County on how to apply for medical insurance.
Objective	AC 1.1: By January 1, 2026, increase the civilian non-institutionalized population that has health insurance in St. Lucie County by December 2025, from 86% to 91%.
Data Source	Florida Charts
Evidence Base: County Health Rankings Health Insurance and Policies Policy Change: No Health equity or disparity to be addressed: Equitable access to healthcare services.	

GOAL	AC 2: INCREASE THE NUMBER OF MEDICAL PROVIDERS IN ST. LUCIE COUNTY.
Strategy	AC 2.1: Establish a medical professional task force with the task of growing the clinical workforce, expanding the number of available graduate medical education residency slots, providing incentives to medical graduates to practice locally.
Objective	AC 2.1: Increase the rate of family practice physicians from 9.7 per 100,000 to 10.7 per 100,000 by January 1, 2026.
Data Source	Florida Charts
Evidence Base: County Health Rankings Policy Change: No Health equity or disparity to be addressed: Equitable access to healthcare services.	

GOAL	AC 3: INCREASE HOME AND COMMUNITY-BASED CARE SERVICES
Strategy	AC 3.1 Increase awareness of and access to existing services for older adults.
Objective	AC 3.1 Increase the number of calls and services provided from 6,657 in 2019 by 20% by January 1, 2026 ¹³ .
Data Source	Area Agency on Aging
Evidence Base: County Health Rankings Policy Change: No Health equity or disparity to be addressed: No	

¹³ Total includes incoming and outgoing calls plus the number of unduplicated clients in St. Lucie County.

Strategic Priority: Mental Health and Substance Abuse

GOAL	MH 1: REDUCE HOSPITALIZATIONS FOR MENTAL HEALTH DISORDERS
Strategy	MH 1.1 Expand local Adverse Childhood Experiences (ACE) initiatives. MH 1.2 Reduce the number of suicide attempts. MH 1.3 Increase older adult and caregiver access to mental health care.
Objective	MH 1.1 By January 1, 2026, decrease by 5% the age-adjusted hospitalization rate for mental health disorders per 100,000 for mental health disorders from 1089.70 to 1037.80.
Data Source	Florida Charts
Evidence Base: County Health Rankings Policy Change: No Health equity or disparity to be addressed: None	

GOAL	MHSA 2: REDUCE THE NUMBER OF OPIOID OVERDOSE DEATHS.
Strategy	MHSA 2.1: Increase awareness of the risks of opioid use and where and how to access naloxone to prevent death from overdose.
Objective	MHSA 2.1: By January 1, 2026, reduce the rate of age-adjusted unintentional injury deaths by drug poisoning from 25.5 ¹⁴ per 100,000 to 20 per 100,000.
Data Source	Florida Charts
Evidence Base: County Health Rankings Policy Change: No Health equity or disparity to be addressed: None	

¹⁴ 3-year rolling rate (2017-2019)

Strategic Priority: Health Equity

GOAL	HE 1: INCREASE COMMUNITY CAPACITY TO EFFECTIVELY REDUCE HEALTH DISPARITIES
Strategy	HE 1.1: Increase community members affected by health disparities in the planning, implementation, and evaluation of programs impacting their community.
Objective	HE 1.1: By January 1, 2026, host 30 trainings with community organizations and leaders on best practices in participatory engagement.
Data Source	FDOH-SLC and Healthy St. Lucie
Evidence Base: County Health Rankings Policy Change: Informal organizational systems change to adopt participatory engagement. Health equity or disparity to be addressed: Disparities in chronic disease morbidity and mortality among Whites and Blacks.	
Strategy	HE 1.2: Increase capacity of residents to present health issues impacting their community with other residents, local agencies, and community leaders.
Objective	HE 1.2: By January 1, 2026, recruit, train, and maintain a minimum of 20 health champions that can engage neighbors on various health topics and disparities in their community.
Data Source	FDOH-SLC and Healthy St. Lucie
Evidence Base: Centers for Disease Control and Prevention Policy Change: No Health equity or disparity to be addressed: Disparities in chronic disease morbidity and mortality among Whites and Blacks.	
Strategy	HE 1.3: Leverage and support work being done by grassroots organizations serving communities of color.
Objective	HE 1.3: By January 1, 2026, engage 10 grassroot organizations to advance work to improve health and reduce health disparities.
Data Source	FDOH-SLC and Healthy St. Lucie Resource Assessment
Evidence Base: County Health Rankings Policy Change: No Health equity or disparity to be addressed: Disparities in chronic disease morbidity and mortality among Whites and Blacks.	

Strategy	HE 1.4: Engage social media champions/influencers in communities where health disparities exist.
Objective	HE 1.4: By January 1, 2026, recruit and maintain 10 social media champions that can reach targeted audiences where health disparities exist.
Data Source	FDOH-SLC and Healthy St. Lucie
Evidence Base: Annual Review of Public Health: Addressing Health Equity in Public Health Practice Policy Change: No Health equity or disparity to be addressed: Disparities in chronic disease morbidity and mortality among Whites and Blacks.	

Appendix B: Strategic Health Priorities for 2021-2025 CHIP

1. Chronic Diseases and Conditions

This health priority area will focus on strategies to address the contributing causes to the development of chronic diseases and cancers through modification of behavioral risk factors in diet, physical activity, early prevention and cancer screenings, healthy weight maintenance, and tobacco prevention and cessation. Implementation will focus on increasing health literacy, participatory engagement, and reducing health disparities. Priority populations for this health issue include Black males (prostate screening, stroke prevention, healthy weight, physical activity), Black females (breastfeeding initiation/duration, healthy weight, physical activity) and seniors.

2. Access to Care

Access to primary health care and senior personal health services was identified in the community health status assessment and echoed during HIP Steering Committee Meetings. To address increasing access to primary health care, strategies to increase health insurance coverage and primary care providers will be employed. To address and increased home and community-based care services for seniors. Priority populations for this health issue will include the underinsured and seniors.

3. Mental Health and Substance Abuse

Increased hospitalizations for mental health issues and deaths due to opioids were identified as two areas that need to be addressed. Potential priority populations for hospital rates due to mental disorders show disparity between Black and Whites. CHSA data also revealed disparity in age-adjusted hospital rates for schizophrenic disorders between Blacks and Whites. Selection of priority audiences in the action plan for this strategic area will be the first task of the newly formed Behavioral Taskforce.

4. Health Equity

Identifying the need for a unified community approach to eliminate health disparities, this priority area will focus on increase our community capacity for participatory engagement of stakeholders in the assessment, planning, implementation, and evaluation of programs to address health issues that impact them. Priority populations include community leaders in areas with high health disparities, and organizational leaders that serve these communities.

Appendix C: 2021 Annual Review Agenda



**Healthy St. Lucie Community Meeting
Annual CHIP Review
Virtual Meeting
December 9, 2021, 3:00 – 5:30 p.m.
AGENDA**



Purpose: Update on current projects, review annual CHIP strategies and successes, and solicit community stakeholder input

Topic	Lead
Welcome/Call to Order <ul style="list-style-type: none"> • Introductions • Meeting Objectives 	Jennifer Harris FDOH-SLC
Billion Steps Challenge Mini Challenge Winners <ul style="list-style-type: none"> • October – New England in the Fall • November – Turkey Trot 	Jason Barela FDOH-SLC, Healthiest Weight
Community Health Assessment – Update	Edgar Morales FDOH-SLC, Strategic Planning and Quality Improvement
CHIP Health Priority 1: Chronic Diseases and Conditions <ul style="list-style-type: none"> • HW 1: Healthy Weight • PD 1: Prevention & Early Detection • TP 1: Tobacco Prevention and Cessation • HL 1: Health Literacy 	Emily Hahn FDOH-SLC, SNAP-Ed Jennifer Harris FDOH-SLC Sonya Gabriel FDOH-SLC, Maternal & Child Health Mally Chrulski FDOH-SLC, WIC Stefanie Myers and Edgar Morales FDOH-St. Lucie County
CHIP Health Priority 2: Access to Care <ul style="list-style-type: none"> • AC 1: Increase Health Insurance Coverage • AC 2: Increase Family Practice Providers in St. Lucie County • AC 3: Home & Community-Based Care Services 	Dr. Lomax-Homier Florida State University College of Medicine

CHIP Health Priority 3: Mental Health & Substance Abuse <ul style="list-style-type: none"> • MHSA 1: Reduce Hospitalizations • MHSA 2: Reduce Opioid Overdose Deaths 	Chris Harris Southeast FL Behavioral Health Network Jessica Parrish United Way of St. Lucie County Angela Aulisio Cleveland Clinic Martin Health Dorothy Oppenheiser Tykes & Teens Dallas Spruill FDOH-St. Lucie County
CHIP Health Priority 4: Health Equity <ul style="list-style-type: none"> • HE 1: Increase Community Capacity to Reduce Disparities 	Caleta Scott FDOH-St. Lucie County
CHIP – Updates	Stefanie Myers FDOH-St. Lucie County
Items from the Floor	Community Stakeholders
Adjourn – Next Meeting - January 13, 2021, 3-4:30 PM at the Larry J. Lee Public Health Building	

Appendix D: 2021 Annual Review Attendees



**Healthy St. Lucie Community Meeting
Annual CHIP Review
Virtual Meeting
December 9, 2021, 3:00 – 5:30 p.m.
SIGN-IN SHEET**



Purpose: Update on current projects, review annual CHIP strategies and successes, and solicit community stakeholder input.

Name	Organization
Adrian Kinhead	FDOH-St. Lucie County
Angela Aulisio	Cleveland Clinic Martin Health
Betty Crews	Community Member
Carly Pye	Whole Family Health Center
Chris Harris	Southeast FL Behavioral Health Network
Dallas Spruill	FDOH-St. Lucie County
Dorothy Oppenheiser	Tykes and Teens
Edgar Morales	FDOH-St. Lucie County
Emily Hahn	FDOH-St. Lucie County
Helen McDonald	FDOH-St. Lucie County
Jason Barela	FDOH-St. Lucie County
Jennifer Harris	FDOH-St. Lucie County
Jessica Parrish	United Way of St. Lucie County
Jim Dwyer	Children's Services Council of St. Lucie
Mally Chrulski	FDOH-St. Lucie County
Nancy Yarnall	Area Agency on Aging of the Palm Beaches and Treasure Coast
Patricia Follano	Children's Medical Services
Sheree Wolliston	American Heart Association
Sherry Siegfried	Treasure Coast Food Bank
Sonya Gabriel	FDOH-St. Lucie County
Stefanie Myers	FDOH-St. Lucie County

Appendix E: 2021 Annual Review Minutes



Florida Department of Health in St. Lucie County
Healthy St. Lucie Meeting
Meeting Location: Florida Dept. of Health in St. Lucie / Milner
Via Go-Meeting
December 9, 2022, 3:00 PM – 4:30 PM
COMMUNITY MEETING MINUTES



Speaker	Topic	Discussion
Jennifer Harris	Welcome/Call to Order	<ul style="list-style-type: none"> • Call to order at 3:00 PM. • Jennifer welcomed everyone on the call. She reminded everyone to sign-in the chat box and invited participants to make comments in the chat box. • Agenda was reviewed.
Jason Barela	HW1: Healthy Weight <ul style="list-style-type: none"> • Billion Steps Challenge • Art of Healthy Living Webinar 	<ul style="list-style-type: none"> • Jason provided members with an update on the Billion Steps Challenge and Art of Health Living Webinar Series. in the Healthiest Weight program • Jason reviewed the community stats towards the annual goal of 1 billion steps, including 980,646,005 steps, 1817 participants, and 173 teams. • Jason introduced and celebrated the winners for the New England and Turkey Trot mini challenges that took place in October and November. • 8 mini challenges were hosted in 2021 and we are on pace to reach our annual step goal this year. • Thank you to Conviva Care Centers and Humana for partnering to host the mini challenges. • The Billion Steps Challenge 2022 Kick Off is scheduled for January 15, 2022, at the 9 a.m. at the Oxbow Eco-Center. Everyone is invited to attend. • We have hosted 9 out of 10 Art of Healthy Living webinars with our Conviva Care Center and Humana partners. The final webinar, “Habits of Healthy People” will be held at 10 a.m. on December 16, 2021.
Edgar Morales	Community Health Assessment Updates	<ul style="list-style-type: none"> • Edgar provided members with a brief overview of new data in Florida CHARTS to update for the Community Health Assessment (CHA), including County Health profiles, FL Vital Statistics for birth/deaths, hospital, and ER visits, and BRFSS. • Edgar highlighted two areas of change, including COVID-19 becoming the third leading cause of death in St. Lucie County in 2020. Additionally, Infant Mortality in St. Lucie County decreased from 6.1 infant deaths per 1000 live births in 2019 to 4.6 infant deaths per 1000 live births in 2020.

		<ul style="list-style-type: none"> Finally, Edgar presented areas of strength and to explore in County Health Rankings for St. Lucie.
CHIP Health Priority 1: Chronic Diseases and Conditions		
Emily Hahn Jason Barela Sonya Gabriel Mally Chrulski Stefanie Myers Edgar Morales	HW1: Healthy Weight PD1: Prevention & Early Detection TP1: Tobacco Prevention and Cessation HL1: Health Literacy	<ul style="list-style-type: none"> Jennifer Harris provided a brief overview of the 2021-2026 CHIP priority areas and introduced Emily Hahn. HW1: Emily provided an overview of the SNAP Ed programs, Eating Smart Being Active and MyPlate for My Family. Emily reviewed success over the past year despite COVID-19, including a presentation to over ALPI Head start staff, reached 257 individuals with educational programs, and launched Eating Smart Being Active in Spanish. HW1: Emily highlighted organizational partners working to host this education. HW1: Jason Barela provided an update on the Diabetes Prevention Program that was just launched. He reviewed the risk assessment and referral program. Plans are underway to launch this program virtually in the coming year, through an online platform called HALT. HW1: Sonya Gabriel provided an update on breastfeeding data for 2020 showing a slight decrease in overall breastfeeding initiation rates, and an increased disparity between white and black breastfeeding rates. Sonya reported that they are working to incorporate a new breastfeeding curriculum into existing residency program curriculum. Sonya reported on work to increase the number of breastfeeding friendly childcare centers and reported on 4 childcare centers that have received that designation. Finally, Sonya reported on the Sisters Empowering Sisters Breastfeeding Support Program working to increase breastfeeding initiation and duration rates among black mothers. HW1: Mally Chrulski provided an update on breastfeeding duration rates at 26 weeks, showing an increase of 2.5% in the overall rate (31.1%) and 3.5% increase in black infant rates (27.5%) since June 2021 data. Mally also reported that WIC was extending increased Fruit/Vegetables for clients, \$24 per Child; \$43 per Prenatal & Non-BF Post-partum Women; \$47 per Breastfeeding Mother monthly. PD1: Jennifer reported that work in Prevention & Early Detection had not started yet, and that the partners in these areas would need to be recruited to develop plan for addressing them. TP1: Stefanie Myers provided an update for tobacco prevention and cessation work, including hiring a new Tobacco Prevention Specialist, Helen McDonald. There is still a vacancy for the Students Working Against Tobacco (SWAT) coordinator. Despite the staffing challenges, a new afterschool SWAT chapter was established, a presentation on vaping to the

		<p>freshman class was made, and a new smoke free multiunit housing property was identified. Goals for the coming year include getting support for online training for students, teachers, and school nurses, review of school tobacco prevention policies, recruiting more Tobacco Free Partnership members, completing 200+ retail assessments, and assisting school district with administering the 2022 Youth Tobacco Survey.</p> <ul style="list-style-type: none"> • TP1: Edgar Morales provided an update on a quality improvement project started at the FDOH St. Lucie health clinic to increase identification of tobacco users and electronic referrals to Tobacco Free Florida cessation services. Since the project started, there has been a significant increase in both identification and referrals. Plans and underway to keep improving these numbers, as well as sharing these outcomes with other community and private healthcare groups to increase quit attempts. • HL1: Jennifer reported that work on HL1 had not started yet.
CHIP Health Priority 2: Access to Care		
Dr. Lomax-Homier Florida State University College of Medicine	<p>AC1: Increase Health Insurance Coverage</p> <p>AC2: Increase Family Practice Providers in St. Lucie County</p> <p>AC3: Home & Community-Based Care Services</p>	<ul style="list-style-type: none"> • AC1: Jennifer reported that work on AC1 had not started yet. • AC2: Dr. Lomax-Homier had a conflict this day so Jennifer Harris provided ideas she shared to increase family practice providers, including tapping into the HRSA National Health Service Corps. Plans are underway to bring together partners in healthcare for a more focused discussion in the coming year. • AC3: With COVID -19 creating a spike in needs and with associated new funding, there has been significant increase in call volumes and services provided. This increase will likely trend down once the pandemic becomes endemic.
CHIP Health Priority 3: Mental Health & Substance Abuse		
Chris Harris Jessica Parrish Angela Aulisio Dorothy Oppenheiser Dallas Spruill	<p>MHSA1: Reduce Hospitalizations</p> <p>MHSA2: Reduce Opioid Overdose Deaths</p>	<p>Jennifer</p> <ul style="list-style-type: none"> • MHSA1: Chris Harris with Southeast FL Behavioral Health Network (SEFBHN) provided an update on the System of Care (SOC) expansion grant they received for St. Lucie and Martin Counties. Chris reviewed the goals of the grant and their next steps to hire a family coordinator. • MHSA1: Jessica Parrish with United Way of St. Lucie County provided a brief update on their plans to launch a community collaborative for mental health in the coming year. • MHSA1: Angela Aulisio with Cleveland Clinic Martin Health provided an overview of their community benefit program to support strategic community partnership that align with their CHNA identified health priorities, which includes a focus on behavioral health. She provided an update on their COVID-19 response, introduced Madhu Sasidhar, MD as the new

		<p>president for Cleveland Clinic Tradition Hospital. Angela provided a brief overview of some the strategic projects they have worked on over the past year.</p> <ul style="list-style-type: none"> • MHSA1: Dorothy Oppenheiser with Tykes & Teens provided an update on programs for Adverse Childhood Experiences (ACE) and a pocket brochure they have been using in schools to assist students in identifying a peer that is struggling and resources in the community that can help. • MHSA2: Dallas Spruill with FDOH-St. Lucie County provided an update on the OD2A grant work in the community. The landing page has been complete and is awaiting final approval from the state office to launch. There will be advertisements at gas stations that will link back to this landing page of resources for families and individuals struggling with opioids.
CHIP Health Priority 4: Health Equity		
Caleta Scott	HE1: Increase Community Capacity to Reduce Disparities	<ul style="list-style-type: none"> • HE1: Caleta Scott reviewed the health equity goals and strategies in the CHIP and provided a definition of health equity and need to address social determinants of health. FDOH St. Lucie received two grants from DOH to address health equity in St. Lucie. Caleta provided an overview of grant focus to create a local health equity plan and establish a health equity taskforce.
Community Health Improvement Plan – Updates		
Stefanie Myers	CHIP Updates	<ul style="list-style-type: none"> • Stefanie Myers provided a brief update on changes needed to the CHIP, including correction to objective HW 1.2 which incorrectly included data from 2013, rather than the 2016 data indicated; addition of the baseline calls and services for AC 3.1, changes in language for vaping products from ENDS to EVP, clarification was also added that some rates used in objectives were based on 3 year rolling data. With new funding starting in the last quarter of 2021, there will be additions to the CHIP in 2022 that will incorporate objectives for the Health Equity and Healthiest Weight workplans. The updated CHIP will be shared with members when finalized for state reporting in 2022.
Next Meeting		<ul style="list-style-type: none"> • Next Healthy St. Lucie meeting is on January 13, 2022, at 3:00 PM
Meeting Adjourned		<ul style="list-style-type: none"> • Meeting adjourned at 4:00 PM.

Appendix F: Community Partners

211 Treasure Coast	Liehem EL
American Cancer Society	Lincoln Park Common Good Initiative
American Heart Association	Magellan Health
Area Agency on Aging of Palm Beach/Treasure Coast, Inc.	Miracle Works
Children's Home Society	Mustard Seed Ministries
Children's Medical Service	New Horizons of the Treasure Coast
Children's Services Council	New Life Changing Information Resource Center
Chrysalis Health	Roundtable of St. Lucie
City of Fort Pierce	SafeSpace
City of Port St. Lucie	Salvation Army
Cleveland Clinic Martin Health	San Juan Diego Church
Common Good - Lincoln Park Advisory Council	SequelCare of Florida
Community Members	Southeast Florida Behavioral Health Network
Cornerstone Christian Church	St. Lucie County Board of County Commissioners
Council on Aging in St. Lucie	St. Lucie County Sheriff's Office
Department of Juvenile Justice	St. Lucie Fire District
Florida Blue	St. Lucie Medical Center
Florida Community Health Centers	St. Lucie Public Schools
Florida Department of Health in St. Lucie County	Suncoast Mental Health Center
Fort Pierce Police Department	Transportation Planning Organization
Grace Way Village	Treasure Coast Hospice
Health Council of Southeast Florida	Tykes and Teens
Healthy Start	UF/IFAS Extension
Humana	United Against Poverty
Indian River State College	United Way of Okeechobee & St. Lucie County
Lawnwood Regional Medical Center	Whole Family Health Center

Appendix G: Acronyms

Acronym	
AHEC	Area Health Education Center
BRFSS	Behavioral Risk Factor Surveillance System
FDOH-SLC	Florida Department of Health in St. Lucie
HANDS	Health Access Network Delivery System (Volunteers in Medicine Clinic)
HSL	Healthy St. Lucie Coalition
IRSC	Indian River State College
LFLP	Local Food Local Places
NSS	National Stakeholder Strategy
SHAC	Student Health Advisory Council
SHIP	State Health Improvement Plan
SLCPS	St. Lucie County Public Schools
SWAT	Students Working Against Tobacco
UF/IFAS	University of Florida/Institute of Food and Agricultural Sciences